DOCUMENT RESUME

ED 463 861 PS 030 276

TITLE Child Care Licensing. NCEDL Spotlights.

INSTITUTION National Center for Early Development & Learning, Chapel

Hill, NC.

SPONS AGENCY Office of Educational Research and Improvement (ED),

Washington, DC.

REPORT NO NCEDL-36
PUB DATE 2002-04-00

NOTE 4p.; Based on NCEDL policy brief, "Regulation of Child

Care, " (Sheri Azer, Gwen Morgan, Richard Clifford, and

Gisele Crawford).

CONTRACT R307A60004

AVAILABLE FROM Frank Porter Graham Child Development Center, University of

North Carolina-Chapel Hill, CB #8185, Chapel Hill, NC

27599-8185. Tel: 919-966-0867; For full text:

http://www.fpg.unc.edu/~ncedl/PAGES/prdcts.htm. For full

text: http://www.ncedl.org.

PUB TYPE Reports - Descriptive (141) EDRS PRICE MF01/PC01 Plus Postage.

DESCRIPTORS Administrators; *Certification; *Child Caregivers; *Day

Care; Day Care Effects; Early Childhood Education; Public

Policy; State Standards

IDENTIFIERS *Day Care Licensing; Day Care Licensing Agencies; Day Care

Quality; *Program Characteristics

ABSTRACT

Noting that child care licensing is the first line of protection for children in out-of-home child care settings in the United States, this issue of NCEDL Spotlights summarizes research findings relating various program characteristics to program quality and provides recommendations for state licensing requirements and funding policies. The issue summarizes research findings related to: (1) child-to-staff ratio and group size; (2) staff turnover and compensation; (3) staff education and training; (4) director competence; (5) design and maintenance of the physical environment; and (6) relationships and activities. Recommendations for states include: (1) hiring more licensing staff to adequately enforce standards; (2) raising their standards to reduce the risk of harm to children; (3) requiring staff training specific to the age group served; (4) requiring directors to have management and child development training; (5) requiring substantial annual training with college credit for all child care workers; and (6) raising preservice qualifications. Recommendations related to funding policies include establishing fiscal standards and monitoring for subsidized care not covered by licensing, paying higher rates for higher quality care, and withdrawing subsidy from programs with records of repeated noncompliance. (KB)



Child Care Licensing NCEDL Spotlights

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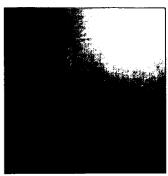
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No. 36 April 2002

Child care licensing

This Spotlight is based on our policy brief "Regulation of Child Care" written by Sheri Azer and Gwen Morgan of Wheelock College and Richard Clifford and Gisele Crawford of the University of North Carolina. In addition to UNC-Chapel Hill, the other NCEDL partners are the University of California at Los Angeles and the University of Virginia. The policy brief and a two-page fact sheet are online under products at <www.ncedl.org>.

Research: It's time to improve licensing requirements

Licensing is the first line of protection for children in out-of- child care settings in the United States. In general, licensing intends to insure that the care provided is good enough to do no harm to children—that the building is safe and sanitary and that adequate learning experiences and caring relationships are provided to children.

However, research tells us that there can be both positive and negative consequences of attending child care related to the quality of care provided. Characteristics of care which have a significant impact on children's outcomes can be improved through strengthened state licensing requirements, higher standards for public subsidy, and better consumer ratings and information.

Research documenting the relatively low quality of child care in the United States suggests that it is time to improve the licensing requirements in many states for both center and family child care, and to use additional strategies that lead to higher quality care and education for our children.

What does the research tell us?

- Child-to-staff ratio and group size
 - Lower child-to-staff ratios and smaller group sizes are associated with improved quality in child care centers in a number of studies.
- Staff turnover and compensation
 - Staff turnover rates are quite high in child care centers-roughly three times the rates of school teachers. Turnover has a clear connection to quality of programs. Turnover is closely associated with compensation, which is dramatically low in the United States.
- Staff education and specific training in child-related fields

 The general education level (number of years of schooling) and specific training in child-related fields are both related to quality of programs. Compensation, turnover, and education are all interrelated.
- **■** Director competency

The performance of the program director, particularly as it relates to providing leadership in program functioning at the classroom level, predicts program quality.

(Continued on reverse)

What should be done?

Licensing

- States should license all market (out-of-family) child care.
- States should hire more licensing staff to adequately enforce standards in facilities and to deal with expected growth.
- Many states should raise their standards to reduce the risk of harm.
- Infant-toddler and school-age staff should be required to have training specific to the age group.
- Directors should have required management training, in addition to child development training.
- States should require substantial hours of annual training with college credit for all workers.
- * States should raise preservice qualifications.

(Continued on reverse)



What should be done?, cont. Funding polices

- States need to establish fiscal standards and monitoring for subsidized care not covered by licensing, including care by family members.
- States should pay higher rates for higher quality care, tying rates to some measure of quality, such as recognition through accrediting bodies or evaluation ratings.
- States should withdraw subsidy from programs with records of repeated noncompliance.

State-by-state breakdown is listed

Our policy brief also includes a stateby-state breakdown of licensing regulations in such categories as child:staff ratio, group size, preservice and inservice requirements for a teacher, and preservice requirements and hours required for a child care center director.

The policy brief, which includes the state-by-state breakdown, a two-page fact sheet, and this Spotlight can all be found at our web site: (www.fpg.unc.edu/~ncedl/PAGES/prdcts.htm)

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What does the research tell us?, cont.

■ Safe and sanitary design and maintenance of the physical environment

Research has clearly demonstrated the value of requiring hygienic practices, particularly stressing the value of hand washing, in the reduction of the spread of infectious diseases in child care facilities.

■ Relationships and activities

More difficult-to-regulate aspects of programs that have a significant impact on children such as continuity of child relationships with adults, emphasis on child-initiated activities, child participation in representational play, and positive relationships between parents and staff, are consistently associated with positive outcomes for children.

For More Information

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NCEDL is administratively housed at the University of North Carolina at Chapel Hill. In addition to UNC-CH, partners in NCEDL are the University of Virginia and the University of California at Los Angeles. This project is supported under the Education Research and Development Centers Program, PR/award number R307A60004, as administered by the Office of Educational Research and Improvement, U.S. Department of Education. Opinions do not necessarily represent the positions or policies of the National Institute on Early Childhood Development and Education <ed.gov/offices/OERI/ECI/>, the Office of Educational Research and Improvement, the U.S. Department of Education, or any other sponsoring organization. Permission is granted to reprint this Spotlight, we ask that you acknowledge the authors of the brochure and NCEDL.

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EFF-089 (3/2000)

